

THE CONTROL OF CANCER.

Physicians should be more familiar with the excellent activities of the American Society for the Control of Cancer. The basic facts of the situation are of course, common knowledge among physicians. Cancer always starts as a purely local growth in which stage it is possible to remove and cure it. It is not a "blood disease." It is not contagious and probably not hereditary. It often causes no pain or localizing symptoms until well established. Complete and attentive examination is the obligation of the physician to every patient, more especially to that patient who may conceivably be the victim of cancer. Early consultation with a physician is the obligation of every individual who has any departure from normal physical and mental health, more especially in the years where cancer is more frequent. Statistics seem to indicate definitely that cancer is increasing, above the amount to be explained by increased accuracy of diagnosis and report.

Various agencies are available for the physician in his campaign against the spread of cancer. The chief is perhaps the education of the public in the importance of early careful diagnosis, and especially in the serious danger of cancer quacks, such as Chamlee, for instance, who was discussed a few months ago, and of advertised cures and treatments. With the diagnosis certain, no cure is safe which does not comprehend the immediate and complete ablation of the cancerous tissue. Such public education is being directed by the American Society for the Control of Cancer, and should be encouraged by the medical profession, individually and through its various organizations. It includes personal instruction by the physician, newspaper and magazine publicity, and public lectures by qualified speakers. These latter can secure the syllabus of a lecture entitled, "The Control of Cancer," from the American Society, and also the use of lantern slides.

Another important agency is exercised by the nurses of the country, especially those engaged in public health work. Their advice is not infrequently of great weight with the public. Instruction in the early recognition of cancer should be given in all schools of nursing, so that the danger signs may be recognized by the nurse and the victim promptly referred to competent medical attention. The various women's clubs and organizations may become a valuable agency in this propaganda if they will do so. Local physicians could well bring this matter to the attention of the proper persons to secure such publicity.

The practicing physician does not need to be conversant with all the details of cancer research, constructive and interesting as these are. He does need to recognize the importance of early diagnosis and adequate treatment, if the death rate from cancer is to be reduced. He will find some or all of the agencies mentioned, available for his use in this connection.

INSURANCE AND THE INDEMNITY DEFENSE FUND.

We have been greatly surprised to learn that some of our members are under the present impression that the Council and Legal Department of the society have recommended to the members that their insurance be dropped upon joining the Indemnity Defense Fund.

This is erroneous. Neither the Council nor the Legal Department has at any time advocated such a course. On the contrary our Legal Department has at all times cautioned members who were carrying insurance to continue the insurance and has recommended that they join the Fund as well, but as to all members who had no insurance, the recommendation has been that they join the Fund.

The officers and representatives of the society have not been able to bring the advantages and benefits of membership in the Fund sufficiently to the attention of all of our members as yet, and the membership therein is not nearly as large as it will be when these facts are clearly before the personnel of our organization. For this reason, and because our advisors desire to secure more complete records of our experience, and by reason furthermore of the increasing tendency to assert malpractice claims, our officers and legal department have held to the course outlined above.

Therefore, as we have heretofore said, and we thought with sufficient plainness, and which we here repeat, the society does not advise any member to cancel or give up his insurance upon becoming a member of the Fund, but on the contrary, to continue his insurance and to join the Fund as well.

In addition to the many advantages of membership in the Fund which we have heretofore pointed out in these columns, we direct special attention to the resolution adopted at the meeting of the Council held at Los Angeles November 24, 1917, regarding Medical Defense Rule No. VI, which rule heretofore provided that if a member had insurance covering malpractice claims or suits, he must elect whether the society or the insurance company shall undertake his legal defense. The modification made by resolution at the recent Council meeting, abrogates the rule in cases of Contributing Members. Therefore a member who has insurance and who has joined the Fund does not, in cases covered by both his insurance and his membership in the Fund, have to elect regarding the conduct of his defense. His defense will be undertaken and conducted jointly by the insurance company and the society. The benefit of this course to such members is, we believe, so obvious that we will not comment further about it.

OBSESSIONS OF THE NORMAL MIND.

It is a truism that the frontier of normal psychology merges easily with the abnormal. Many mental traits which do not appear prominently in a well-balanced mind become pathological by exaggeration alone. If we are to accept Freud's explanation, it would appear that lines of mental activity which are uncomfortable, or unpleasant,

either intrinsically or because of their associations, are concealed and repressed in the sub-liminal consciousness and by their occasional irregular defensive or expressive outbreaks, cause these borderline symptoms, which to a small degree characterize a large proportion of normal persons and to a larger degree characterize a large proportion of abnormal persons.

In such a semi-pathological classification may be placed certain minor forms of loss of memory, such as the sudden inability to recall the name of a person or article, certain tricks of the tongue which pervert what was intended to be said, certain kinds of errors both of judgment and of deed, and finally certain fixed ideas which, in a surprisingly large number of normal persons, come into the mind unsolicited and cannot be banished voluntarily.

Such obsessions of the normal mind are the subject of a suggestive note by C. S. Berry in the *Journal of Abnormal Psychology*.¹ The data compiled are drawn from a study of the written answers to appropriate questions asked of about 200 mature students of educational psychology. A typically grotesque and interesting list of fixed ideas was obtained, often associated characteristically with fatigue, either mental or physical, and apparently partaking in some cases of the elements of illusion, hallucinosis and dreams. About 25% of the 200 had at some time had fixed ideas.

Some noted ideas closely bordering on imperative ideas, such as an impulse to jump over a precipice or before a moving train. Berry makes two comments. (1) In many cases, with no outside aid, the obsession runs a self-limited course, and tends to disappear or at least to lose its emotional force. (2) In a large percentage the obsession dates back to childhood. Berry rightly urges the value of a careful scientific study of normal obsessions, not alone for the direct data to be obtained, but also for the light it would throw on their relation to pathological obsessions.

THE VASO-MOTOR SYMPTOMS OF THE MENOPAUSE.

In spite of the great advances of modern physiology and, especially, of the assistance given our understanding of the physiological disturbances connected with cessation of ovarian and testicular secretion by recent laboratory studies, there is much as yet unexplained in the symptomatology of the menopause. This is a matter of importance to every medical practitioner as the disorders and discomforts of this period have a striking nervous as well as physical effect. Particularly are the vaso-motor symptoms hard to control and vexatious to the patient.

Culbertson has recently made a study of this subject,² and his findings throw light on the causation especially of the vaso-motor disturbances and on a rationale of effective treatment. He explains the somatic and psychical disorders as the result of perverted function of the endocrine glands due to lack of ovarian secretion. The psychic features are especially due to the disturbed thyroid func-

tion, usually bordering on hyper-thyroidism but less commonly being the reverse.

This writer considers the vaso-motor symptoms to be due to an instability of the blood pressure, which usually appears as a "vacillating hyper-tension, both systolic and diastolic." He finds that the diastolic pressure is less increased than the systolic and thus results in a larger pulse pressure which is the immediate cause of the symptoms, associated with the vacillating arterial pressure. In the fewer cases where there is a hypo-tension, there is still an increased pulse pressure and a similar vacillation of pressure. The hyper-tension seems referable to excessive suprarenal or hypophyseal secretion. The blood pressure can be gradually brought to normal by the exhibition of the hormone contained in corpus luteum extract from animals in early gestation, and with this the vaso-motor symptoms disappear. Culbertson supports the view that the pressure changes are functional only, by the fact that the appropriate treatment with organ extract produces a return to normal and that there is a definite disproportion between the rise in systolic and diastolic pressure. He advises the control of the treatment by frequent, preferably daily, pressure readings.

EDITORIAL COMMENT.

Los Angeles county is the seat of a valuable innovation in public health work which, so far as our information extends, is the first instance of its kind in the west. In its usual pioneering style, the New York City Board of Health has for some time been doing similar work. Dr. J. L. Pomeroy, Health Officer of Los Angeles county, has had produced, in motion pictures, the story of diphtheria spread and control, and the 1100 feet of the film are to be used widely in that county at motion picture theaters as a measure of public education in the proper means of control of this disease. The pictures appeal to the lay intelligence in a fashion which is more authoritative and better remembered than either lecture or bulletin. These or similar films should be in the armamentarium of every health officer in the state. Those counties which cannot produce their own would do well to arrange for the loan or rental of films already made. See description under Los Angeles county news.

Why should not every doctor in the United States who is mentally, physically and morally fit, be in the M. R. C.? In the immediate future the Medical Reserve Corps must be immensely augmented and so as to enable the Surgeon-General to have at his command for immediate assignment, as conditions demand, a sufficient number of trained medical officers, let us take the above thought seriously. The German war depends for its success as much upon the medical profession, as upon the combatant forces, and while we do not know that any such intention as herein suggested, is in the mind of the Surgeon-General, it would at least give him the necessary corps of medical officers, from which to draw, and would serve the best interests of our country, and the best interests of the medical officers themselves.

¹ April-May, 1916, p. 19.

² Surgery, Gyn., and Obstet., Dec., 1916, p. 667.